4/mw.

IREDELL COUNTY HEALTH DEPARTMENT

01946 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Randall Mr. Collum, DATE 9-18-84 PERMIT NO. _____

PHONE: Business _____ Home 879-7914

LOCATION 3rd Shls, TR, Air Rd., TR Deerfld., 3rd H. on Rt.

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 39 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

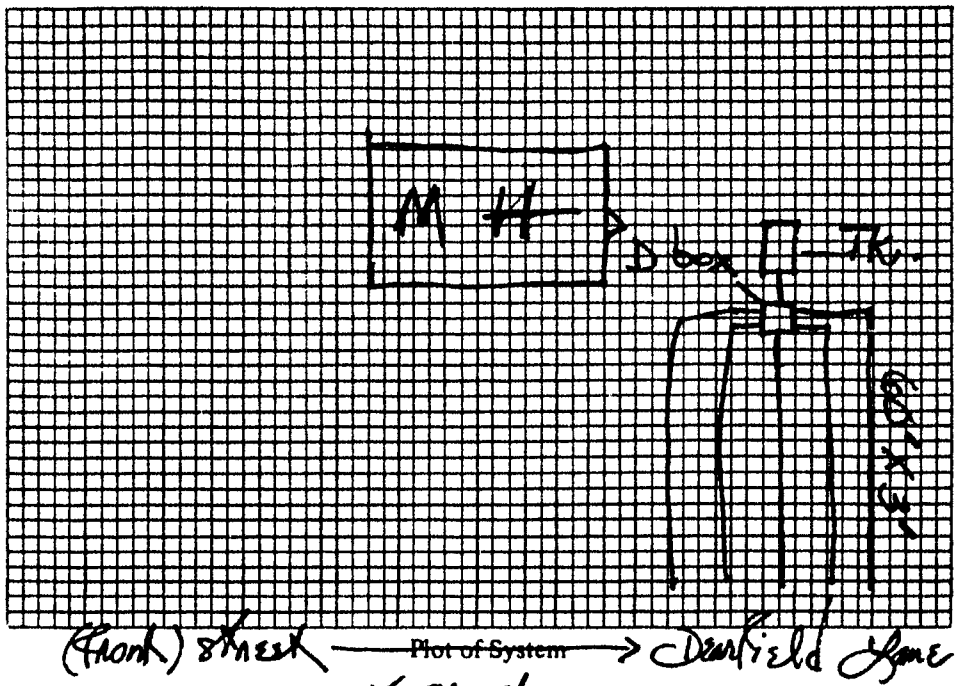
No. Bedrooms 2 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes ( )	No (✓)	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area 1.25 acres

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field: No. of Lines 4 (5-8-84 EC)
Sq. Ft. 900 Linear Ft. 240 (5-8-84 EC) 300
Depth of Stone & Lines 12 in.
Water Supply: Individual ( )
Public (✓)

Installed by Collum

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY K. Steeke

COMMENTS: *changed from original layout (8-24-84) for reason of improper grading of lot; drainfield size increased for compensation of poor soil conditions; approval mandated by E.H. supervisor).

CERTIFICATE OF COMPLETION BY Charles D. Zindler, L.S. DATE 9-18-84

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold